

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS**

\_\_\_\_\_  
Jetun Jefferson

Plaintiff(s),

v.

\_\_\_\_\_  
METRA

Defendant(s).

Case Number: 17cv9070**FILED**

EC NOV 20 2018

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

**COMPLAINT OF EMPLOYMENT DISCRIMINATION**

1. This is an action for employment discrimination.
2. The plaintiff is Jetun Jefferson of the  
county of Cook in the state of Ill.
3. The defendant is METRA, whose  
street address is 547 W Jackson,  
(city) Chgo (county) Cook (state) Ill (ZIP) 60608  
(Defendant's telephone number) (312) 322/8920
4. The plaintiff sought employment or was employed by the defendant at (street address)  
12301 S Indiana (city) Chgo  
(county) Cook (state) Ill (ZIP code) 60620

2018 NOV 20 AM 11:25

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

5. The plaintiff [*check one box*]

- (a) ☐ was denied employment by the defendant.
- (b) ☐ was hired and is still employed by the defendant.
- (c) ☒ was employed but is no longer employed by the defendant.

6. The defendant discriminated against the plaintiff on or about, or beginning on or about, (month)\_\_\_\_\_, (day)\_\_\_\_\_, (year)\_\_\_\_\_.

7.1 (*Choose paragraph 7.1 or 7.2, do not complete both.*)

- (a) The defendant is not a federal governmental agency, and the plaintiff [*check one box*] ☒ has ☐ has not filed a charge or charges against the defendant

asserting the acts of discrimination indicated in this complaint with any of the following government agencies:

- (i) ☒ the United States Equal Employment Opportunity Commission, on or about (month) 10 (day) 14 (year) 2017.
- (ii) ☐ the Illinois Department of Human Rights, on or about (month)\_\_\_\_\_ (day)\_\_\_\_\_ (year)\_\_\_\_\_.

- (b) If charges *were* filed with an agency indicated above, a copy of the charge is attached. ☒ Yes, ☐ No, **but plaintiff will file a copy of the charge within 14 days.**

It is the policy of both the Equal Employment Opportunity Commission and the Illinois Department of Human Rights to cross-file with the other agency all charges received. The plaintiff has no reason to believe that this policy was not followed in this case.

7.2 The defendant is a federal governmental agency, and

- (a) the plaintiff previously filed a Complaint of Employment Discrimination with the

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

defendant asserting the acts of discrimination indicated in this court complaint.

☐ Yes (month)\_\_\_\_\_ (day)\_\_\_\_\_ (year) \_\_\_\_\_

☐ No, did not file Complaint of Employment Discrimination

(b) The plaintiff received a Final Agency Decision on (month)\_\_\_\_\_  
(day)\_\_\_\_\_ (year)\_\_\_\_\_.

(c) Attached is a copy of the

(i) Complaint of Employment Discrimination,

☐ Yes ☐ No, but a copy will be filed within 14 days.

(ii) Final Agency Decision

☐ Yes ☐ No, but a copy will be filed within 14 days.

8. (Complete paragraph 8 only if defendant is not a federal governmental agency.)

(a) ☐ the United States Equal Employment Opportunity Commission has not  
issued a *Notice of Right to Sue*.

(b) ☒ the United States Equal Employment Opportunity Commission has issued  
a *Notice of Right to Sue*, which was received by the plaintiff on  
(month) 10 (day) 23 (year) 2017 a copy of which  
*Notice* is attached to this complaint.

9. The defendant discriminated against the plaintiff because of the plaintiff's [***check only those that apply***]:

(a) ☒ Age (Age Discrimination Employment Act).

(b) ☐ Color (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

- (c) ☒ Disability (Americans with Disabilities Act or Rehabilitation Act)
  - (d) ☐ National Origin (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
  - (e) ☒ Race (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
  - (f) ☐ Religion (Title VII of the Civil Rights Act of 1964)
  - (g) ☐ Sex (Title VII of the Civil Rights Act of 1964)
10. If the defendant is a state, county, municipal (city, town or village) or other local governmental agency, plaintiff further alleges discrimination on the basis of race, color, or national origin (42 U.S.C. § 1983).
11. Jurisdiction over the statutory violation alleged is conferred as follows: for Title VII claims by 28 U.S.C. §1331, 28 U.S.C. §1343(a)(3), and 42 U.S.C. §2000e-5(f)(3); for 42 U.S.C. §1981 and §1983 by 42 U.S.C. §1988; for the ADA by 42 U.S.C. §12117; for the Rehabilitation Act, 29 U.S.C. § 791; and for the ADEA, 29 U.S.C. § 626(c).
12. The defendant [*check only those that apply*]
- (a) ☐ failed to hire the plaintiff.
  - (b) ☐ terminated the plaintiff's employment.
  - (c) ☐ failed to promote the plaintiff.
  - (d) ☐ failed to reasonably accommodate the plaintiff's religion.
  - (e) ☐ failed to reasonably accommodate the plaintiff's disabilities.
  - (f) ☐ failed to stop harassment;
  - (g) ☒ retaliated against the plaintiff because the plaintiff did something to assert rights protected by the laws identified in paragraphs 9 and 10 above;
  - (h) ☐ other (specify): \_\_\_\_\_

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]



---

---

---

---

13. The facts supporting the plaintiff's claim of discrimination are as follows:

*See attached sheets marked*  
*Exhibit A.*

---

---

---

---

14. **[AGE DISCRIMINATION ONLY]** Defendant knowingly, intentionally, and willfully discriminated against the plaintiff.

15. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

16. THEREFORE, the plaintiff asks that the court grant the following relief to the plaintiff  
**[check only those that apply]**

- (a) ☐ Direct the defendant to hire the plaintiff.
- (b) ☐ Direct the defendant to re-employ the plaintiff.
- (c) ☐ Direct the defendant to promote the plaintiff.
- (d) ☐ Direct the defendant to reasonably accommodate the plaintiff's religion.
- (e) ☐ Direct the defendant to reasonably accommodate the plaintiff's disabilities.
- (f) ☐ Direct the defendant to (specify): \_\_\_\_\_

- (g) ☒ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.
- (h) ☒ Grant such other relief as the Court may find appropriate.

Setun Jefferson  
(Plaintiff's signature)

Setun Jefferson  
(Plaintiff's name)

116475 Morgan  
(Plaintiff's street address)

(City) Chgo (State) IL (ZIP) 60643

(Plaintiff's telephone number) (773) - 931/7814

Date: 11/20/2018

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]



UNITED STATES OF AMERICA  
**RAILROAD RETIREMENT BOARD**

844 N Rush Street, 9th floor  
 Room 901  
 Chicago, IL 60611-2092

**August 11, 2017**

JETUN JEFFERSON

In reply refer to  
 Employee Name: J JEFFERSON

Dear Mr. Jefferson:

You requested an estimate of the railroad retirement employee annuity which would be due beginning February 01, 2017. This estimate, which is summarized below, is for a disability service annuity with a disability onset date of August 23, 2016.

<b>Tier 1:</b>	<b>Basic Tier 1:</b>	<b>1930.00</b>
	DRC: 0	0.00
	Public Dis. Benefit Reduction	- 0.00
	Workers Comp Red.	- 0.00
	Tier 1 Age Reduction	- 0.00
	SS Benefit Reduction	0.00
	<b>Net Tier 1</b>	<b>\$1,930.00</b>
<b>Tier 2:</b>	<b>Basic Tier 2 Amount</b>	<b>940.25</b>
	Tier 2 Age Reduction	- 0.00
	<b>Net Tier 2</b>	<b>\$940.25</b>
	<b>Estimated Net Annuity</b>	<b>\$2,870.25</b>

The amounts shown here are an estimate only and are not binding. They are based on certified Railroad Retirement Board records as of this date, plus any military service information and estimated future earnings you furnished. They do not consider any increases due to inflation. You also supplied the amounts used in the reductions for Social Security, worker's compensation, and public disability benefits. The above computations are based on current law, which could change before the railroad employee retires.

Sincerely,

Greg Butler

Claim Representative



EEOC Form 161-B (11/16)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)

To: **Jetun Jefferson**  
**11647 S. Morgan**  
**Chicago, IL 60643**

From: **Chicago District Office**  
**500 West Madison St**  
**Suite 2000**  
**Chicago, IL 60661**

☐

On behalf of person(s) aggrieved whose identity is  
 CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

**440-2018-00287**

**Jerry Zhang,**  
**Investigator**

**(312) 869-8029**

(See also the additional information enclosed with this form.)

## NOTICE TO THE PERSON AGGRIEVED:

**Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), or the Genetic Information Nondiscrimination Act (GINA):** This is your Notice of Right to Sue, issued under Title VII, the ADA or GINA based on the above-numbered charge. It has been issued at your request. Your lawsuit under Title VII, the ADA or GINA **must be filed in a federal or state court WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

☐

More than 180 days have passed since the filing of this charge.

☒

Less than 180 days have passed since the filing of this charge, but I have determined that it is unlikely that the EEOC will be able to complete its administrative processing within 180 days from the filing of this charge.

☒

The EEOC is terminating its processing of this charge.

☐

The EEOC will continue to process this charge.

**Age Discrimination in Employment Act (ADEA):** You may sue under the ADEA at any time from 60 days after the charge was filed until 90 days after you receive notice that we have completed action on the charge. In this regard, **the paragraph marked below applies to your case:**

☒

The EEOC is closing your case. Therefore, your lawsuit under the ADEA **must be filed in federal or state court WITHIN 90 DAYS of your receipt of this Notice**. Otherwise, your right to sue based on the above-numbered charge will be lost.

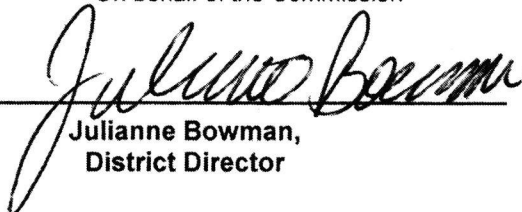
☐

The EEOC is continuing its handling of your ADEA case. However, if 60 days have passed since the filing of the charge, you may file suit in federal or state court under the ADEA at this time.

**Equal Pay Act (EPA):** You already have the right to sue under the EPA (filing an EEOC charge is not required.) EPA suits must be brought in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission

  
 Julianne Bowman,  
 District Director

10/23/17

(Date Mailed)

Enclosures(s)

cc: **Countess Cary**  
**Senior Director**  
**EEO/Diversity Initiatives**  
**METRA**  
**547 W. Jackson Blvd**  
**Chicago, IL 60661**



EEOC Form 5 (11/09)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA☒ EEOC**440-2018-00287****Illinois Department Of Human Rights**

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

**Mr. Jetun Jefferson**

Home Phone (Incl. Area Code)

**(773) 264-3733**

Date of Birth

**1957**

Street Address

City, State and ZIP Code

**11647 S. Morgan, Chicago, IL 60643**

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

**METRA**

No. Employees, Members

**500 or More**

Phone No. (Include Area Code)

**(312) 322-2745**

Street Address

City, State and ZIP Code

**12301 South Indiana, Chicago, IL 60628****OCT 16 2017**

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☒ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN  
☒ RETALIATION ☒ AGE ☒ DISABILITY ☐ GENETIC INFORMATION  
☐ OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

**10-06-2017**☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I was hired by Respondent on or about April 14, 1993. My most recent position is B&B Mechanic. During my employment, I informed Respondent of my disability and filed three EEOC Charges, Charge Numbers 846-2008-37929, 440-2009-02512, and 440-2012-05049. I also filed my cases in U.S. District Court. Subsequently, on or about October 6, 2017, I was discharged.

I believe I have been discriminated against because of my race, Black, and in retaliation for engaging in protected activity, in violation of Title VII of the Civil Rights Act of 1964, as amended.

I believe I have been discriminated against because of my disability, in violation of the Americans with Disabilities Act of 1990, amended.

I believe I have been discriminated against because of my age, 60 (Year of Birth: 1957), in violation of the Age Discrimination in Employment in Act of 1967, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

**Oct 16, 2017**

Date



Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)



547 W. Jackson Blvd. Chicago, IL 60661 (312) 322-6900 TTY# 1-312-322-6774

Julie A. Daily  
Attorney I  
Metra Law Department  
Direct Dial: (312)-322-6542  
Fax: (312)322-6698  
E-Mail: [jdaily@metrarr.com](mailto:jdaily@metrarr.com)

June 1, 2018

**VIA U.S. MAIL**

Jetun Jefferson  
11647 South Morgan  
Chicago, Illinois 60643  
Telephone: 773.931.7814

RE: Jefferson v. Metra  
Case No. 17 C 9070

Mr. Jefferson:

Per your request, enclosed please find a CD containing the video you requested for the above referenced matter.

Best Regards,

Julie A. Daily

enclosure

metra  
show injury video



547 W. Jackson Blvd. Chicago, IL 60661 (312) 322-6900 TTY# 1-312-322-6774

Julie A. Daily  
Attorney I  
Metra Law Department  
Direct Dial: (312)-322-6542  
Fax: (312)322-6698  
E-Mail: [jdaily@metrarr.com](mailto:jdaily@metrarr.com)

June 14, 2018

**VIA U.S. MAIL**

Jetun Jefferson  
11647 South Morgan  
Chicago, Illinois 60643  
773-931-7814

RE: Jefferson v. Metra  
Case No. 17 C 9070

Mr. Jefferson:

Enclosed please find an additional CD containing the video you requested for the above referenced matter since you stated that you were unable to play the video from the initial disk sent to you on or about June 1, 2018. If you have any questions, please contact me at [jdaily@metrarr.com](mailto:jdaily@metrarr.com) or 312-322-6542.

Best Regards,

Julie A. Daily

enclosures

Clerk 312408/1536



## THE RICHIE GAUNTLET BRACE

### Features:

- Medial and Lateral Arch Suspender: Legitimate Varus/Valgus control of the hind foot
- Fulfills true definition of Code L2275
- Neutral Suspension Casts Accepted: No need for casting boards!
- Non-weight bearing cast provides better heel and arch contour
- All casts are intrinsically balanced to correct forefoot varus/valgus deformities

### Clinical Indications:

- Rigid, non-reducible Adult Acquired Flatfoot (Stage III & IV)
- Severe DJD or Deformity of hindfoot
- Charcot Arthropathy

\*US. Patent No. 6,602,215

THE *Richie*  
GAUNTLET



Arch cut out with lifting strap provides adjustable

Specially designed Heel Post adds stability

Padded top-collar to reduce calf irritation



Use of the finest leather and extra padding assures

Custom molded AFO shell for superb comfort and support





# EMPLOYEE INCIDENTAL INJURY/ILLNESS REPORT

This form is to be used when medical attention is not needed.

#

- ☐ RID   ☐ Trans.  
☐ MWD   ☐ Engr.  
☐ MED   ☐ Mech.  
☐ CORP   ☐ Tckts.  
☐ Mat.Mgmt.

Employee Name (print): \_\_\_\_\_ I.D.# \_\_\_\_\_

Type of Injury \_\_\_\_\_

Describe Incident \_\_\_\_\_

Signatures: (employee) \_\_\_\_\_ (supervisor) \_\_\_\_\_

## Instructions

1. The report must be filled out immediately after an injury/illness has occurred, but **not later than the end of the employee's tour of duty on the date the injury/illness occurred.**
2. The employee and his/her immediate supervisor will each complete their separate sections of the report.
3. The supervisor will then tear off the completed report and send the goldenrod copy to the Safety and Rules Department for processing.
4. This report will be retained on file for a period not to exceed 30 calendar days or the first Monday following the 30th calendar day. At that time the employee must either withdraw this report or complete the required FRA Form 6180.98 Railroad Employee Injury and/or Illness Record. The employee must then be seen by Metra's Chief Medical Officer on the day the FRA Form 6180.98 is filed.
5. This report will not be used for discipline purposes if notice is not given within one business day after the report is filed. Business days are Monday through Friday, except holidays.

WHITE - Supervisor   YELLOW - Department Head   PINK - Employee   GOLDENROD - Safety & Rules

RC 99052 (7/98)



September 18, 2017

VIA FEDERAL EXPRESS AIRBILL # 8103 9714 8505

Mr. Jetun Jefferson  
11647 S. Morgan Street  
Chicago, IL 60643

Mr. Jefferson:

On Tuesday September 12, 2017 we called you to inform you that the Metra Medical Department ("Metra") had sent a letter to your treating physician Dr. Chen informing him that Metra was unable to read the note he provided to substantiate your continued absence. The letter from Metra to Dr. Chen was sent on Monday, September 11, 2017. In that correspondence Metra informed Dr. Chen that in order to continue your approved medical absence clear readable documentation must be provided to Metra no later than 5:00 P.M. on Tuesday September 12, 2017. We have yet to receive the requested documentation. Because Metra does not have any supporting medical documentation to continue your medical leave of absence, Metra is ending your medical leave of absence effective Thursday, September 21, 2017.

A copy of this letter will be sent to your manager.

Regards,

Metra Medical Department

Cc: Joel Winchester  
Larry Powell  
Jayne Deno  
Tim Hort  
Employee File





September 20, 2017

VIA FEDERAL EXPRESS AIRBILL #8103 9714 8538

Mr. Jetun Jefferson  
11647 S. Morgan Street  
Chicago, IL 60643

Mr. Jefferson:

We received the fax from a doctor Qeena C. Woodard, DPM, FACFAS on September 20, 2017. In this correspondence it states that you are a patient under Dr. Woodard's care and that your next appointment is September 23, 2017. What this letter does not state is the reason for your continued medical absence as was requested in the letter we sent to you on September 18, 2017 in response to the medical information that Dr. Chen provided the Metra Medical Department.

Because Metra does not have any supporting medical documentation to continue your medical leave of absence, Metra is ending your medical leave of absence effective Thursday, September 21, 2017.

A copy of this letter will be sent to your manager.

Regards,

Metra Medical Department

Cc: Joel Winchester

Jayne Deno  
Tim Hort  
Employee File





547 W. Jackson Boulevard Chicago, IL 60661 312.322.6900 TTY: 1 312.322.6774

August 26, 2016

Mr. Jetun Jefferson  
116475 Morgan  
Chicago, IL 60643

Dear Mr. Jefferson,

I am Greg Price, the Metra Claim Specialist assigned to your personal injury claim arising from your accident and injury of August 15, 2016 while working in the KYD Yard preparing to load lumber onto a truck for the Stuart Ridge station. To reach me direct, you may call 312-322-6991 Monday through Friday 7 a.m. to 3:15 p.m. You may also leave a message for me 24/7 at this same number and I will return your call as soon as possible.

To begin building your personal injury claim file, I will need to take your recorded statement regarding how your accident occurred. I will be asking you the "Who, What, Where, When, Why" questions associated with how the accident occurred.

Next I will need to gather the medical information from your treating physicians, therapy providers and other medical specialists/healthcare providers involved with your injury and recovery. This will help determine the nature and extent of your injury. To facilitate this, I am enclosing a HIPAA Form for you to read, date, sign and return in the self-addressed postage paid envelope. Your healthcare providers will request I provide them with your signed HIPAA form before releasing your medical records related to your on-duty injury. Only medical information related to your on-duty injury will be requested.

Please keep me up-to-date and provide the names and addresses of the physicians and other healthcare providers you are seeing regarding your injury so I may follow up with them and obtain their medical records and billing for processing in a timely manner. Also please advise me of any additional bills you might receive due to the injury such as billing for an ambulance.

As a railroad employee, you are covered under the Federal Employers Liability Act (FELA) and NOT state Workmen's Compensation laws. It is very important that you advise ALL healthcare providers of this and present them with one of my enclosed business cards. Instruct them to call me for the proper billing instructions to be adhered to for proper submission of their bills. Simply showing the provider your Metra health insurance card is NOT enough. Doing so will slow down the payment process and will create unnecessary co-pays for you. If your provider requests a co-pay from you, it is a sure sign your billing is being incorrectly processed as a Workmen's Compensation claim. Please call me when you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg Price", is written over the word "Sincerely,".

Greg Price  
Metra Claims Specialist  
(312) 322-6991

ROSELAND COMMUNITY HOSPITAL  
45 W 111TH STREET  
CHICAGO IL 60628

Diagnostic Imaging  
Diagnostic Imaging Report : 0831-0053  
Signed

Patient: JEFFERSON, JETUN  
DOB: 08/08/1957  
Age/Sex: 59 / M

Acct: RH0010813627  
Loc: RAD  
ADM Status: REG CLI

Unit: MR00064810  
Room/Bed:  
ADM: 08/31/16

Ordering Physician: CHARLES T. CHEN, DO  
Procedure(s): Extremity Venous Bilat US  
Order Number(s): 000000069751

EXAM: Doppler Venous Ultrasound: Bilateral Lower Extremities

Clinical FINDINGS: Edema in both lower extremities.

TECHNIQUE: Grayscale, color, and doppler waveform.

COMPARISON: None

FINDINGS: Thigh veins: The common femoral, femoral, popliteal, proximal medial saphenous, and deep femoral veins are patent and free of thrombus bilaterally. The veins are normally compressible, and have normal phasic flow and augmentation response.

Calf veins: There is good flow through the right and left posterior tibial veins.

IMPRESSION: Negative study. No acute deep vein thrombosis.

Dictated By: FRANK M. MARMO, MD  
Signed By: MARMO, FRANK M.  
Co-signed By:

Dictated Date/Time: 08/31/16 1239  
Transcribed Date/Time: 08/31/16 1239  
Signed Date/Time: 08/31/16 1239

Transcriptionist:

CC: CHARLES T. CHEN, DO ~

Diagnostic Imaging Report : 0831-0053

Koseland Community Hospital  
5 W. 111th Street  
Chicago, IL 60628

1

STATEMENT

JETUN JEFFERSON

RH0010813627 08/31/16 08/31/16 09/29/16

JETUN JEFFERSON  
11647 S. MORGAN STREET  
CHICAGO IL 60643

UNITED HEALTH CARE 800217785

	921 OTHER DIAG PERIPHERAL LAB	661.00
12/22/16	AUHC9	-357.00
12/22/16	PUHC9	-288.80
	PMT UNITED HEALTH CARE	661.00
	Billed charges to date:	288.80
	Receipts to date:	357.00
	Adjustments to date:	0.00
	Refunds to date:	
	Total due:	15.20
	Estimated insurance due:	0

Our records indicate that your insurance company has paid.  
There is a remaining balance of \$15.20 on your



Jetun Jefferson  
 116478 Myan  
 Chgo Ill 60643  
 773931/7814

US District Court  
 219<sup>5</sup> Deaborn  
 Chgo, Ill 60604  
 312 435/5670 Clerk  
 Dave 312 435/6064 20 F/R

1<sup>st</sup> 2 Case Jetun Jefferson<sup>v</sup> North  
 East R. R.

Case Number 18<sup>CV</sup> 3555

312 435/5635 Clerk 234/Am 11

Judge Charles Norgle

1 Start Law 5'28'2018  
 2 METRA 7'17'2018  
 3 8'29'2018 10:00 AM  
 4 Law Office 9'28'2018 9:00 AM  
 5 10'23'2018 10:00 AM

6

7

8

9

10

Investigate  
 new CEO METRA

1 Larry Powell  
 2 Joe Winchester  
 3

4 Lolita Roberts  
 5 METRA DR Maria Vlahos

Jetun Jefferson<sup>v</sup> METRA

Case Number 17<sup>CV</sup> 9070

312 408/5159 Clerk

Judge Sharon Johnson Coleman 1425 Am

1 Start 2'5'2018 9:00 AM

2 3'20'2018 8:45 AM

3 METRA Letter 1:00 pm

4 3'14'2018 E

5 3'29'2018 E

6 5'29'2018 10:00 AM

7 6'13'2018 E

8 6'29'2018 E

9 7'12'2018 8:45 AM C Court

10

12

1 4m 2016 yr (277)

2 12 2017 yr

3 12 2018 yr

4 12 2019 yr (317 Half P 62 yr old

5 12 2020 yr

6 12 2021 yr

7 12 2022 yr

76 } (353 total Full P 65 yr old  
 my Demands

1 METRA 7yr Full P 65 yr old

2 METRA 7yr UH Care

3 METRA All Bills

4 METRA my Injury

5 METRA pay my Law P

6

7

8





547 W. Jackson Boulevard Chicago, IL 60661 312.322.6900 TTY: 1 312.322.6774

August 26, 2016

Mr. Jetun Jefferson  
116475 Morgan  
Chicago, IL 60643

Dear Mr. Jefferson,

I am Greg Price, the Metra Claim Specialist assigned to your personal injury claim arising from your accident and injury of August 15, 2016 while working in the KYD Yard preparing to load lumber onto a truck for the Stuart Ridge station. To reach me direct, you may call 312-322-6991 Monday through Friday 7 a.m. to 3:15 p.m. You may also leave a message for me 24/7 at this same number and I will return your call as soon as possible.

To begin building your personal injury claim file, I will need to take your recorded statement regarding how your accident occurred. I will be asking you the "Who, What, Where, When, Why" questions associated with how the accident occurred.

Next I will need to gather the medical information from your treating physicians, therapy providers and other medical specialists/healthcare providers involved with your injury and recovery. This will help determine the nature and extent of your injury. To facilitate this, I am enclosing a HIPAA Form for you to read, date, sign and return in the self-addressed postage paid envelope. Your healthcare providers will request I provide them with your signed HIPAA form before releasing your medical records related to your on-duty injury. Only medical information related to your on-duty injury will be requested.

Please keep me up-to-date and provide the names and addresses of the physicians and other healthcare providers you are seeing regarding your injury so I may follow up with them and obtain their medical records and billing for processing in a timely manner. Also please advise

As a railroad employee, you are covered under the Federal Employers Liability Act (FELA) and NOT state Workmen's Compensation laws. It is very important that you advise ALL healthcare providers of this and present them with one of my enclosed business cards. Instruct them to call me for the proper billing instructions to be adhered to for proper submission of their bills. Simply showing the provider your Metra health insurance card is NOT enough. Doing so will slow down the payment process and will create unnecessary co-pays for you. If your provider requests a co-pay from you, it is a sure sign your billing is being incorrectly processed as a Workmen's Compensation claim. Please call me when you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg Price", written over a horizontal line.

Greg Price  
Metra Claims Specialist  
(312) 322-6991



Jetun Jefferson  
 116478 Mezan  
 Chicago 6064  
 773 93117814

I would like to subpoena METRA medical records on five people; Jesus Gurman, Derrick Six, Phillip Rodriguez, Sean Holmes, William Gamibay None of these men were released from their position

RYD 12 Jesus Gurman fell 30 feet down from the Catenary South Side structure and he broke his legs there was no investigation performed.

Witness; Larry Nichols B'B Foreman, Jetun Jefferson B'B mech, MR Bailey B'B mech Anthony Moore B'B mech (D.C.) Bill Howes, Ed Rodriguez Jerry Bailey was METRA B'B Supervisor no investigation was performed on any of these men's incidents. (winter time) METRA Law Next incident Jesus Gurman was injured on 12<sup>th</sup> St Crosswalk and again no investigation was performed I was present at the accident sights

RYD 2 Phillip Rodriguez fell down the stairway and he South Side went to the Hospital he saw the Specialist Company Doctor for his leg

Witness; Larry Harper B'B Driver, Jetun Jefferson B'B mech

RYD 31 Derrick Six was injured on the Job METRA granted him disability with out investigation

4) Sean Holmes was injured in Blue Island again no investigation was performed something

Blue Island occurred with

5) William Gamibay was injured in Milwaukee



Milwaukee } no investigation

my Manager and Supervisor Come to my DR's appointments (Picture) They didn't go to anyone else's appointment. There is a video of me getting injured on the job and they showed other employees and I asked for a copy of the video and was denied. I still see a DR's and a Specialist for treatment to this day

Thank You

(paper my Doctor's)



John Jefferson  
11647 S Maryland  
Chgo Ill 60643  
773 931 17814

IN 1993 I was hired at METRA at the track  
department Larry Powell Supervisor Fired  
150 African American employees. That was in  
the Milwaukee district.

outside EEOC Investigation.

KYP Southside Mike Stucki had a nuce on his desk with African  
American man attached to the nuce.

Mike Stucki Track Supervisor and MR Archer  
Director were demoted because of this.

Outside EEOC Investigation.  
(Hangman Rope)

African American took METRA the Court  
219 S Dearborn St



March 22, 2018

Jetun Jefferson  
11647 S Morgan  
Chgo IL 60643

I Jetun Jefferson, (Plaintiff) did receive my compensation due to my disability. I was 59 years old at the time of my injury. Mr. Joe Winchester, (Manager) written me up and I was investigated due to my injury on the job. Dr. Maria Vlahos, (Metra company doctor) gave me an examination on September 8, 2017, by rubbing my leg. Dr. Maria Vlahos gave Jetun Jefferson (Plaintiff) paper work to take back to employer (Metra) for light duty. I Jetun Jefferson, have proof of the paperwork to present to Judge Sharon Johnson Coleman. I was harassed and threaten by Mr. Joe Winchester, (Manager) and Danny Colatuono at the time of my visit at the doctor office. I have pictures to prove that Danny Colatuono was there at the time of my visit and a witness. my Brother Lashawn Jefferson in the Room Exam Dr Maria Vlahos on 9/8/2017

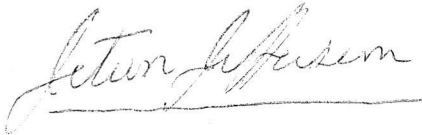
Then, I was terminated on October 6, 2017, Metra determined I refused treatment. Dr. Maria Vlahos, (Metra company doctor) lied about paperwork for light duty and treatment. I was wrongfully terminated for my injury due to lack of the doctor actions and Metra management. I have proof of my injury on video on the job. Metra wrongfully used the video of my injury without my permission. I am requesting to get the video release to me. Metra used the video for safety training for the employees.

I am a very good worker and devote to my job. I have built 5 stations for Metra within 4 ½ months. I can tear down and rebuild new platforms. I am professional and I like my accomplishments on the job. My supervisor praised me for my work. I am a team player and employees respect my talent with construction of

Enclosing, I am writing this letter to be compensated for the following: loss wages, medical bills, insurance, pain and suffering. I have been harassed and discriminated against by Metro officials. Metra and Dr. Maria Vlahos needs to be investigated for wrongfully termination of my employment.

Sincerely,

Jetun Jefferson

A handwritten signature in cursive script that reads "Jetun Jefferson". The signature is written in dark ink and is positioned above a single horizontal line.

11/03/2018



Jetun Jefferson  
11647 S Morgan  
Chicago, IL 60643

1:17-cv-09070

My Doctor 1) Medical DaCT Chen  
11412<sup>5</sup> Michigan 773 821/1414  
Chgo IL 60628

2) Dr Qeena C Woodard DPM (specialist)  
In 2006 Dr Qeena C Woodard joined Smith Centers  
for Foot and Ankle Care as Coordinator of  
Diabetic podiatric Medicals

Qeena C Woodard DPM is a practicing Podiatrist  
Foot Specialist in Chicago IL Dr Qeena C Woodard  
Graduated from Chicago Medical School at Rosalind  
Franklin.

Altun Efesem  
 11647 S Morgan  
 Chicago IL 60643  
 773 931 17814

Start		METRA Doctors
8/22/2016	1) Concentra 1230 W Lake Street Chicago IL 60604	1) Dr George Bridgforth injury 1) visit paper
2017	2) US Health Works 614 W Monroe Street Chicago IL 60661 312 258/0700	1) Dr Deck Beverly injury 2) visit paper 2) Maria Vlahos MD
2017	3) US Health Works 614 W Monroe Street Chicago IL 60661 312 258/0700	3) Nurse practitioner NO Examination Nurse practitioner Call me the Devil 3 visit Call METRA old CEO
8/15/2017	4) Concentra 1230 W Lake Street Chicago IL 60604	4) David Kang MD NO Examination 4 visit paper
2017	5) US Health Works 614 W Monroe Street Chicago IL 60661 312 258/0700	5) Maria Vlahos MD 5 visit paper
9/8/2017	6) US Health Works 614 W Monroe Street Chicago IL 60661 312 258/0700	6) Maria Vlahos MD 6 visit paper
2017	7) US Health Works 614 W Monroe Street Chicago IL 60661 312 258/0700	Letter Visit Maria Vlahos MD X-Ray MRI